

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Mr.	First Name: Samir	Middle Name:
	Last Name: Sheikh	Suffix:	
Title:	Executive Director / A.P.C.O.		
Complete Address:			
Street1:	1990 E. Gettysburg Ave.		
Street2:			
City:	Fresno	State:	CA: California
Zip / Postal Code:	93726-0244	Country:	USA: UNITED STATES
Phone Number:	(559) 230-6000	Fax Number:	
E-mail Address:	samir.sheikh@valleyair.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Mehri	Middle Name:
	Last Name: Barati	Suffix:	
Title:	Director of Administrative Services		
Complete Address:			
Street1:	1990 E. Gettysburg Ave.		
Street2:			
City:	Fresno	State:	CA: California
Zip / Postal Code:	93726-0244	Country:	USA: UNITED STATES
Phone Number:	(559) 230-6021	Fax Number:	
E-mail Address:	mehri.barati@valleyair.org		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Mr.	First Name: Ryan	Middle Name:
	Last Name: Kincaid	Suffix:	
Title:	Senior Accountant		
Complete Address:			
Street1:	1990 E. Gettysburg Ave.		
Street2:			
City:	Fresno	State:	CA: California
Zip / Postal Code:	93726-0244	Country:	USA: UNITED STATES
Phone Number:	(559) 230-6028	Fax Number:	
E-mail Address:	ryan.kincaid@valleyair.org		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

Complete Address:

Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: **Fax Number:**
E-mail Address: